

LICENSED SERVICES AND UTILIZATION PROFILES



INSTRUCTIONS

ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS: COMMUNITY AND FREE

REPORT PERIOD:
JANUARY 1, 2000 THROUGH DECEMBER 31, 2000

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
ACCOUNTING AND REPORTING SYSTEMS SECTION
LICENSED SERVICES DATA AND COMPLIANCE UNIT
818 K STREET, ROOM 400
SACRAMENTO, CA 95814
(916) 322-7422 OR (916) 323-7685

INSTRUCTIONS
ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS - 2000
Community and Free

These are the instructions for completing the 2000 Annual Utilization Report of Primary Care Clinics. Additionally, it contains a glossary of terms used within the industry.

If any of the instructions are unclear, call the Office of Statewide Health Planning and Development, Accounting and Reporting Systems Section, Licensed Services Data and Compliance Unit, 916-322-7422 and ask for the Edits Supervisor.

Do not combine data from other clinics.

PLEASE REMEMBER TO KEEP A COPY OF YOUR COMPLETED REPORT FOR YOUR RECORDS.

If you complete reports for more than one clinic, attach a memo to each one with a list of all clinic names.

NINE DIGIT IDENTIFICATION NUMBER - This number can be found on the white mailing label affixed to Page 1 of the Reporting Form.

PAGE 1

LINE 3: Enter the clinic's telephone number.

NOTE: Make sure that Page 1 has the Administrator's name and signature, the date signed, and the name, title, telephone and fax numbers of the person responsible for completing the report.

PAGE 2

A. DATES OF OPERATION:

LINE 1:

Column 1: Enter the month and day your clinic began operation during 2000. For most clinics this will be 01/01 (Put in 01/01 even if your clinic opened on Jan. 2nd due to the holiday or a weekend). If the clinic was newly licensed or changed ownership after January 1, enter the date of operation under the new license or new owner. (i.e. A new owner took control of the clinic on April 1, 2000 your entry would be 04/01)

Column 2: Enter the month and day the clinic was last open in 2000. For most clinics this will be 12/31 (Again use 12/31 even if your clinic closed Dec. 31 due to the holiday or the weekend). If the clinic was de-licensed (closed) or suspended on or before December 31 of the reporting year, enter the date of the de-licensure or suspense.

B. PATIENTS AND ENCOUNTERS:

LINE 19:

Column 1: Enter the number of patients seen by the clinic during the calendar year. Count each patient **only once**.

Column 2: Enter the number of encounters. (See definition in the Glossary.)

LINE 20:

Column 1: Enter the number of Seasonal Agricultural and Migratory workers and their dependents seen by the clinic during the calendar year. Count each patient **only once**. These patients are also included on Line 19, Column 1. (See definition of Seasonal Agricultural and Migratory worker and dependent in Glossary.)

Column 2: Enter the number of encounters for seasonal agricultural and migratory workers and their dependents. These encounters are also included on Line 19, column 2.

LINE 22: Enter a "1" if the clinic is a federal 95-210 clinic. A 95-210 clinic is a federally-funded, fixed-rate, rural program.

LINE 23: Enter a "1" if the clinic is a FQHC clinic. A FQHC clinic is a federally and state-funded Primary Care Clinic with a Global Rate Reimbursement by the Medicare and/or Medi-Cal Programs.

LINE 24: Enter a "1" if the clinic is a FQHC *"look-alike"* clinic. A FQHC *"look-alike"* is a clinic that meets the statutory requirements for this program, but does not receive grant funding.

PAGE 3

MAJOR CAPITAL EXPENDITURES

Assembly Bill 517 (Statutes of 1984) mandates the completion of this page. It measures the effects of Certificate of Need (CON) deregulation. If you are reporting equipment and/or major capital projects, you must specify the project number issued by the Office of Statewide Health Planning and Development's (OSHPD) Facilities Development Division.

Before completing this section, contact the person in the clinic who is responsible for building/construction projects.

DO NOT LIST A PROJECT UNLESS THE CLINIC HAS AN OSHPD PROJECT NUMBER.

TABLE A: DIAGNOSTIC/THERAPEUTIC EQUIPMENT ACQUIRED

LINE 2:

Column 1: Enter the market value (purchase price) of each piece of Diagnostic or Therapeutic Equipment acquired during the reporting year at a cost over \$500,000.

Column 2: Enter the eight character AlphaNumeric OSHPD Number. Enter **ONLY** those numbers with the prefixes of **ES97, ES98, EL97, EL98, EF97** or **EF98** (Example: **EL970001**).

Column 3: Enter the acquisition date (date purchased).

Column 4: Enter the number that corresponds to the means of acquisition. (1=purchased, 2=leased, 3=donated, 4=other).

NOTE: If additional space is needed, attach another sheet, use the format in Table A and reference it as Page 3, Line 5.

TABLE B: PROJECTS OVER \$1,000,000 COMMENCED DURING THE CALENDAR YEAR

NOTE: "Commenced" means that drawings and outline specifications were submitted to OSHPD, Division of Facilities Development and Finance.

The cost of the project (estimated or final) shall include all costs associated with the project **EXCEPT** the following:

1. Architectural, Engineering, and related fees.
2. Off-site work.
3. Landscaping and irrigation systems.

LINES 21 and 22:

Column 1: Enter the cost of any building project(s) the clinic began during the calendar year that has/have an estimated cost over \$1,000,000. If the cost is unclear call OSHPD's, Facilities Development Division and request the cost.

Column 2: Enter the eight character AlphaNumeric **OSHPD** Project Number. Enter **ONLY** those numbers with the following alphanumeric prefixes. **ES97, ES98, EL97, EL98, EF97, or EF98** (Example: EL970001).

NOTE: If additional space is needed, attach another sheet, use the format in Table B and reference it as Page 3, Line 23.

TABLE C: LICENSED OR CERTIFIED PRIMARY CARE PRACTITIONERS

NOTE: These are clinical based FTEs, and 2,080 hours equals one FTE when providers are contracted on a per hour basis.

LINE 23: Enter the number of full time equivalent *PHYSICIANS* providing care in the clinic.

LINE 24: Enter the number of full time equivalent *PHYSICIAN ASSISTANTS* providing care in the clinic.

LINE 25: Enter the number of full time equivalent *FAMILY NURSE PRACTITIONERS* providing care in the clinic.

LINE 26: Enter the number of full time equivalent *CERTIFIED NURSE MIDWIVES* providing care in the clinic.

LINE 27: Enter the number of full time equivalent *REGISTERED NURSES* providing care in the clinic.

LINE 28: Enter the number of full time equivalent *DENTISTS* providing care in the clinic.

TABLE D: SERVICE DELIVERY AND NUMBER OF ENCOUNTERS BY PROVIDERS

Refer to technical bulletin and glossary for definition of an encounter.

A: GENERAL MEDICAL SERVICES: Acute and chronic diseases or conditions.

LINE 1: GENERAL MEDICAL SERVICES FOR ADULTS (AGE 20 +)

- Column 1:** Enter the number of encounters with patients age 20 years and older by Physician Providers (MD and DO).
- Column 2:** Enter the number of encounters with patients age 20 years and older by Mid-level practitioners. A mid-level practitioner refers to Physician's Assistant, Certified Nurse-Midwife or Nurse Practitioner and Medical Nurses (Home Health Nurse, Visiting Nurse, Clinical Nurse Specialist and Registered Nurse).
- Column 3:** Enter the number of encounters provided by "Other Providers." "Other Providers" refer to personal other than medical service and dental service personnel. See Attachment A, page 30.

LINE 2: GENERAL MEDICAL SERVICES FOR ADOLESCENTS (AGE 13-19)

- Column 1:** Enter the number of encounters by "Physician Providers."
- Column 2:** Enter the number of encounters by "Mid-Level Providers."
- Column 3:** Enter the number of encounters by "Other Providers."

LINE 3: GENERAL MEDICAL SERVICES FOR PEDIATRICS (AGE 0-12).

- Column 1:** Enter the number of encounters by "Physician Providers."
- Column 2:** Enter the number of encounters by "Mid-Level Providers."
- Column 3:** Enter the number of encounters by "Other Providers."

B. PREVENTIVE ADULT HEALTH SERVICES: Services provided to patients 20 years and older for the detection of diseases that are not specifically known, or for the administration of services, which reduce the probability of illness or debilitating physical conditions.

LINE 4: PERINATAL SERVICES: Perinatal Services encounters include services and provisions of care during pregnancy, postpartum periods, and up to six weeks after birth.

- Column 1:** Enter the number of Perinatal Service encounters with patients 20 years and older by "Physician Providers."
- Column 2:** Enter the number of Perinatal Service encounters with patients 20 years and older by "Mid-Level Providers."
- Column 3:** Enter the number of Perinatal Service encounters with patients 20 years and older by "Other Providers."
- Column 4:** Enter the number of Perinatal Service encounters with patients 20 years and older by "Dental Providers." Dental Providers refers to dental service personnel including Dentist, Oral Surgeon, Dental Hygienist, Periodontist, etc.

LINE 5: PUBLIC HEALTH SERVICES: Public Health Services are synonymous with County Health Services. Public Health Services are provided to individuals or groups where the specific purpose of the services is to protect or improve the health of the public. Examples include: immunizations against communicable diseases, health and dental screening where the deterioration of the patient could lead to significant public costs. Do not include sexually transmitted diseases (STD's) screening in this category.

- Column 1:** Enter the number of Public Health Service encounters with patients 20 years and older by "Physician Providers."
- Column 2:** Enter the number of Public Health Service encounters with patients 20 years and older by "Mid-Level Providers."
- Column 3:** Enter the number of Public Health Service encounters with patients 20 years and older by "Other Providers."
- Column 4:** Enter the number of Public Health Service encounters with patients 20 years and older by "Dental Providers."

LINE 6: ALL OTHER PREVENTIVE SERVICES: The monitoring, control, and education about specific health conditions, such as diabetes, hypertension, glaucoma, obesity, cholesterol, etc.

- Column 1:** Enter the number of All Other Preventive Service encounters with patients 20 years and older by "Physician Providers."
- Column 2:** Enter the number of All Other Preventive Service encounters with patients 20 years and older by "Mid-Level Providers."

Column 3: Enter the number of All Other Preventive Service encounters with patients 20 years and older by "Other Providers."

Column 4: Enter the number of All Other Preventive Service encounters with patients 20 years and older by "Dental Providers."

C. PREVENTIVE ADOLESCENT HEALTH SERVICES: Services provided to patients aged 13 through 19 years for the detection of diseases that are not specifically known, or for the administration of services, which reduce the probability of illness or debilitating physical conditions.

LINE 7: PERINATAL SERVICES: Perinatal Services encounters include services and provisions of care during pregnancy, postpartum periods, and up to six weeks after birth.

Column 1: Enter the number of Perinatal Service encounters with patients aged 13 through 19 by "Physician Providers."

Column 2: Enter the number of Perinatal Service encounters with patients aged 13 through 19 by "Mid-Level Providers."

Column 3: Enter the number of Perinatal Service encounters with patients aged 13 through 19 by "Other Providers."

Column 4: Enter the number of Perinatal Service encounters with patients aged 13 through 19 by "Dental Providers." Dental Providers refers to dental service personnel including Dentist, Oral Surgeon, Dental Hygienist, Periodontist, etc.

LINE 8: PUBLIC HEALTH SERVICES: Public Health Services are synonymous with County Health Services. They are to individuals or groups where the specific purpose of the services is to protect or improve the health of the public. Examples include: immunizations against communicable diseases, health and dental screening where the deterioration of the patient could lead to significant public costs. Do not include sexually transmitted diseases (STDs) screening in this category.

Column 1: Enter the number of Public Health Service encounters with patients aged 13 through 19 by "Physician Providers."

Column 2: Enter the number of Public Health Service encounters with patients aged 13 through 19 by "Mid-Level Providers."

Column 3: Enter the number of Public Health Service encounters with patients aged 13 through 19 by "Other Providers."

Column 4: Enter the number of Public Health Service encounters with patients aged 13 through 19 by "Dental Providers."

LINE 9: ALL OTHER PREVENTIVE SERVICES: The monitoring, control, and education about specific health conditions, such as diabetes, hypertension, glaucoma, obesity, cholesterol, etc.

Column 1: Enter the number of All Other Preventive Service encounters with patients aged 13 through 19 by "Physician Providers."

Column 2: Enter the number of All Other Preventive Service encounters with patients aged 13 through 19 by "Mid-Level Providers."

Column 3: Enter the number of All Other Preventive Service encounters with patients aged 13 through 19 by "Other Providers."

Column 4: Enter the number of All Other Preventive Service encounters with patients aged 13 through 19 by "Dental Providers."

D. PREVENTIVE PEDIATRIC HEALTH SERVICES: Services provided to patients from birth through 12 years old for the detection of diseases that are not specifically known, or for the administration of services, which reduce the probability of illness or debilitating physical conditions.

LINE 10: PERINATAL SERVICES: Perinatal Services encounters include services and provisions of care during pregnancy, postpartum periods, and up to six weeks after birth.

Column 1: Enter the number of Perinatal Service encounters with patients from birth through 12 years old by "Physician Providers."

Column 2: Enter the number of Perinatal Service encounters with patients from birth through 12 years old by "Mid-Level Providers."

Column 3: Enter the number of Perinatal Service encounters with patients from birth through 12 years old by "Other Providers."

Column 4: Enter the number of Perinatal Service encounters with patients from birth through 12 years old by "Dental Providers." Dental Providers refers to dental service personnel including Dentist, Oral Surgeon, Dental Hygienist, Periodontist, etc.

LINE 11: PUBLIC HEALTH SERVICES: Public Health Services are synonymous with County Health Services. They are to individuals or groups where the specific purpose of the services is to protect or improve the health of the public. Examples include: immunizations against communicable diseases, health and dental screening where the deterioration of the patient could lead to significant public costs. Do not include sexually transmitted diseases (STD's) screening in this category.

Column 1: Enter the number of Public Health Service encounters with patients from birth through 12 years old by "Physician Providers."

Column 2: Enter the number of Public Health Service encounters with patients from birth through 12 years old by "Mid-Level Providers."

Column 3: Enter the number of Public Health Service encounters with patients from birth through 12 years old by "Other Providers."

Column 4: Enter the number of Public Health Service encounters with patients from birth through 12 years old by "Dental Providers."

LINE 12: ALL OTHER PREVENTIVE SERVICES: The monitoring, control, and education about specific health conditions, such as diabetes, hypertension, glaucoma, obesity, cholesterol, etc.

Column 1: Enter the number of All Other Preventive Service encounters with patients from birth through 12 years old by "Physician Providers."

Column 2: Enter the number of All Other Preventive Service encounters with patients from birth through 12 years old by "Mid-Level Providers."

Column 3: Enter the number of All Other Preventive Service encounters with patients from birth through 12 years old by "Other Providers."

Column 4: Enter the number of All Other Preventive Service encounters with patients from birth through 12 years old by "Dental Providers."

E. FAMILY PLANNING SERVICES: Family Planning Services include contraceptive services for males and females, sterilization services for males and females, infertility services, and initial and/or annual medical exams.

LINE 13: ADULTS - Patients aged 20 years and older

Column 1: Enter the number of Family Planning Service encounters with adult patients by "Physician Providers."

Column 2: Enter the number of Family Planning Service encounters with adult patients by "Mid-Level Providers."

Column 3: Enter the number of Family Planning Service encounters with adult patients by "Other Providers."

LINE 14: ADOLESCENTS - Patients aged 13 through 19

Column 1: Enter the number of Family Planning Service encounters with adolescent patients by "Physician Providers."

Column 2: Enter the number of Family Planning Service encounters with adolescent patients by "Mid-Level Providers."

Column 3: Enter the number of Family Planning Service encounters with adolescent patients by "Other Providers."

LINE 15: PEDIATRICS - Patients through age 12

Column 1: Enter the number of Family Planning Service encounters with pediatric patients by "Physician Providers."

Column 2: Enter the number of Family Planning Service encounters with pediatric patients by "Mid-Level Providers."

Column 3: Enter the number of Family Planning Service encounters with pediatric patients by "Other Providers."

F. ABORTIONS: The induced termination of a pregnancy. **The office does not publish abortion data.**

LINE 16: ADULTS - Patients aged 20 years and older

Column 1: Enter the number of abortions by "Physician Providers."

Column 2: Enter the number of abortions by "Mid Level Providers."

Column 3: Enter the number of abortions by "Other Providers."

LINE 17: ADOLESCENTS - Patients aged 13 through 19

Column 1: Enter the number of abortions by "Physician Providers."

Column 2: Enter the number of abortions by "Mid Level Providers."

Column 3: Enter the number of abortions by "Other Providers."

LINE 18: PEDIATRICS - Patients through age 12

Column 1: Enter the number of abortions by "Physician Providers."

Column 2: Enter the number of abortions by "Mid-Level Providers."

Column 3: Enter the number of abortions by "Other Providers."

G. SEXUALLY TRANSMITTED DISEASES (STDs) (excluding HIV): Include testing, screening, counseling, and treatment of **STDs** (other than **HIV**).

LINE 19: ADULTS - Patients aged 20 years and older

Column 1: Enter the number of encounters with adult patients by "Physician Providers."

Column 2: Enter the number of encounters with adult patients by "Mid-Level Providers."

Column 3: Enter the number of encounters with adult patients by "Other Providers."

LINE 20: ADOLESCENTS - Patients aged 13 through 19

Column 1: Enter the number of encounters with adolescent patients by "Physician Providers."

Column 2: Enter the number of encounters with adolescent patients by "Mid-Level Providers."

Column 3: Enter the number of encounters with adolescent patients by "Other Providers."

LINE 21: PEDIATRICS - Patients through age 12

Column 1: Enter the number of encounters with pediatric patients by "Physician Providers."

Column 2: Enter the number of encounters with pediatric patients by "Mid-Level Providers."

Column 3: Enter the number of encounters with pediatric patients by "Other Providers."

LINE 60: TOTAL

Columns 1 - 4: Enter the totals of lines 1 - 21. (Enter here and on Page 6, Line 60).

H. Maternity Care/Delivery Services - Adult - Patients aged 20 years and older

LINE 22: Prenatal

Column 1: Enter the number of encounters with adult patients by "Physician Providers."

Column 2: Enter the number of encounters with adult patients by "Mid-Level Providers."

Column 3: Enter the number of encounters with adult patients by "Other Providers."

Column 4: Enter the number of encounters with adult patients by "Dental Providers."

LINE 23: Total Live Births - Onsite

Column 1: Enter the number of live births by adult patients and delivered onsite by "Physician Providers."

Column 2: Enter the number of live births by adult patients and delivered onsite by Mid-Level Providers."

Column 3: Enter the number of live births by adult patients and delivered onsite "Other Providers."

LINE 24: Live Births 1500 - 2500 Grams - Onsite

NOTE: These encounters should be included in line 23 and NOT included in the total on line 59.

Column 1: Enter the number of live births, weighing 1500 through 2500 grams, by adult patients and delivered onsite by "Physician Providers."

Column 2: Enter the number of live births, weighing 1500 through 2500 grams, by adult patients and delivered onsite by "Mid-Level Providers."

Column 3: Enter the number of live births, weighing 1500 through 2500 grams, by adult patients and delivered onsite by "Other Providers."

LINE 25: Live Births less than 1500 Grams - Onsite

NOTE: These encounters should be included in line 23 and NOT included in the total on line 59.

Column 1: Enter the number of live births, weighing less than 1500 grams, by adult patients and delivered onsite by "Physician Providers."

Column 2: Enter the number of live births, weighing less than 1500 grams, by adult patients and delivered onsite by "Mid-Level Providers."

Column 3: Enter the number of live births, weighing less than 1500 grams, by adult patients and delivered onsite by "Other Providers."

I. Maternity Care/Delivery Services – Adolescent - Patients aged 13 through 19

LINE 26: Prenatal

Column 1: Enter the number of encounters with adolescent patients by "Physician Providers."

Column 2: Enter the number of encounters with adolescent patients by "Mid-Level Providers."

Column 3: Enter the number of encounters with adolescent patients by "Other Providers."

Column 4: Enter the number of encounters with adolescent patients by "Dental Providers."

LINE 27: Total Live Births - Onsite

Column 1: Enter the number of live births by adolescent patients and delivered onsite by "Physician Providers."

Column 2: Enter the number of live births by adolescent patients and delivered onsite by "Mid-Level Providers."

Column 3: Enter the number of live births by adolescent patients and delivered onsite by "Other Providers."

LINE 28: Live Births 1500 - 2500 Grams - Onsite

NOTE: *These encounters should be included in line 27 and not included in the total on line 59.*

Column 1: Enter the number of live births, weighing 1500 through 2500 grams, by adolescent patients and delivered onsite by "Physician Providers."

Column 2: Enter the number of live births, weighing 1500 through 2500 grams, by adolescent patients and delivered onsite by "Mid-Level Providers."

Column 3: Enter the number of live births, weighing 1500 through 2500 grams, by adolescent patients and delivered onsite by "Other Providers."

LINE 29: Live Births less than 1500 Grams – Onsite

NOTE: *These encounters should be included in line 27 and NOT included in the total on line 59.*

Column 1: Enter the number of live births, weighing less than 1500 grams, by adolescent patients and delivered onsite by "Physician Providers."

Column 2: Enter the number of live births, weighing less than 1500 grams, by adolescent patients and delivered onsite by "Mid-Level Providers."

Column 3: Enter the number of live births, weighing less than 1500 grams, by adolescent patients and delivered onsite by "Other Providers."

J. Maternity Care/Delivery Services - PEDIATRICS - Patients through age 12

LINE 30: Prenatal

- Column 1:** Enter the number of encounters with pediatric patients by "Physician Providers."
- Column 2:** Enter the number of encounters with pediatric patients by "Mid-Level Providers."
- Column 3:** Enter the number of encounters with pediatric patients by "Other Providers."
- Column 4:** Enter the number of encounters with pediatric patients by "Dental Providers."

LINE 31: Total Live Births - Onsite

- Column 1:** Enter the number of live births by pediatric patients and delivered onsite by "Physician Providers."
- Column 2:** Enter the number of live births by pediatric patients and delivered onsite by "Mid-Level Providers."
- Column 3:** Enter the number of live births by pediatric patients and delivered onsite by "Other Providers."

LINE 32: Live Births 1500 - 2500 Grams – Onsite

NOTE: These encounters should be included in line 31 and NOT included in the total on line 59.

- Column 1:** Enter the number of live births, weighing 1500 through 2500 grams, by pediatric patients and delivered onsite by "Physician Providers."
- Column 2:** Enter the number of live births, weighing 1500 through 2500 grams, by pediatric patients and delivered onsite by "Mid-Level Providers."
- Column 3:** Enter the number of live births, weighing 1500 through 2500 grams, by pediatric patients and delivered onsite by "Other Providers."

LINE 33: Live Births less than 1500 Grams – Onsite

NOTE: These encounters should be included in line 31 and NOT included in the total on line 59.

- Column 1:** Enter the number of live births, weighing less than 1500 grams, by pediatric patients and delivered onsite by "Physician Providers."
- Column 2:** Enter the number of live births, weighing less than 1500 grams, by pediatric patients and delivered onsite by "Mid-Level Providers."

Column 3: Enter the number of live births, weighing less than 1500 grams, by pediatric patients and delivered onsite by "Other Providers."

K. HIV SERVICES - ADULT - Patients aged 20 years and older

LINE 34: Testing: Refers to blood draws and includes any pretest counseling interviews held during the encounter. The testing encounters do not have to match the counseling encounters.

Column 1: Enter the number of HIV testing encounters with adult patients by "Physician Providers."

Column 2: Enter the number of HIV testing encounters with adult patients by "Mid-Level Providers."

Column 3: Enter the number of HIV testing encounters with adult patients by "Other Providers."

LINE 35: Counseling: Refers to post-test counseling, e.g., post-test seronegative session and the post-test seropositive session, etc. Do not include counseling that is part of the testing process. The testing encounters do not have to match the counseling encounters.

Column 1: Enter the number of HIV counseling encounters with adult patients by "Physician Providers."

Column 2: Enter the number of HIV counseling encounters with adult patients by "Mid-Level Providers."

Column 3: Enter the number of HIV counseling encounters with adult patients by "Other Providers."

L. HIV SERVICES - ADOLESCENTS - Patients aged 13 through 19

LINE 36: Testing: Refers to blood draws and includes any Pretest counseling interviews held during the encounter. The testing encounters do not have to match the counseling encounters.

Column 1: Enter the number of HIV testing encounters with adolescent patients by "Physician Providers."

Column 2: Enter the number of HIV testing encounters with adolescent patients by "Mid-Level Providers."

Column 3: Enter the number of HIV testing encounters with adolescent patients by "Other Providers."

LINE 37: Counseling: Refers to post-test counseling, e.g., post-test seronegative session and the post-test seropositive session, etc. Do not include counseling that is part of the testing process. The testing encounters do not have to match the counseling encounters.

Column 1: Enter the number of HIV counseling encounters with adolescent patients by "Physician Providers."

Column 2: Enter the number of HIV counseling encounters with adolescent patients by "Mid-Level Providers."

Column 3: Enter the number of HIV counseling encounters with adolescent patients by "Other Providers."

M. HIV SERVICES - PEDIATRICS - Patients through age 12

LINE 38: Testing: Refers to blood draws and includes any Pretest counseling interviews held during the encounter. The testing encounters do not have to match the counseling encounters.

Column 1: Enter the number of HIV testing encounters with pediatric patients by "Physician Providers."

Column 2: Enter the number of HIV testing encounters with pediatric patients by "Mid-Level Providers."

Column 3: Enter the number of HIV testing encounters with pediatric patients by "Other Providers."

LINE 39: Counseling Refers to post-test counseling, e.g., post-test seronegative session and the post-test seropositive session, etc. Do not include counseling that is part of the testing process. The testing encounters do not have to match the counseling encounters.

Column 1: Enter the number of HIV counseling encounters with pediatric patients by "Physician Providers."

Column 2: Enter the number of HIV counseling encounters with pediatric patients by "Mid- Level Providers."

Column 3: Enter the number of HIV counseling encounters with pediatric patients by "Other Providers."

N. SUBSTANCE ABUSE (Alcohol and Drug): Services involving alcohol and drug abuse, such as counseling, education, evaluation, and treatment, etc.

LINE 40: ADULTS - Patients aged 20 years or older

Column 1: Enter the number of Substance Abuse encounters with adult patients by "Physician Providers."

Column 2: Enter the number of Substance Abuse encounters with adult patients by "Mid-Level Providers."

Column 3: Enter the number of Substance Abuse encounters with adult patients by "Other Providers."

LINE 41: ADOLESCENTS - Patients aged 13 through 19

Column 1: Enter the number of Substance Abuse encounters with adolescent patients by "Physician Providers."

Column 2: Enter the number of Substance Abuse encounters with adolescent patients by "Mid-Level Providers."

Column 3: Enter the number of Substance Abuse encounters with adolescent patients by "Other Providers."

LINE 42: PEDIATRICS - Patients through age 12

Column 1: Enter the number of Substance Abuse encounters with pediatric patients by "Physician Providers."

Column 2: Enter the number of Substance Abuse encounters with pediatric patients by "Mid-Level Providers."

Column 3: Enter the number of Substance Abuse encounters with pediatric patients by "Other Providers."

LINE 59: TOTAL

Columns 1 - 4: Enter the totals of lines 22, 23, 26, 27, 30, 31, and 34 through 42. **(Enter here and on Page 6 , Line 59).**

O. TOBACCO CESSATION/EDUCATION: Including group support programs if each group member receives a chart entry.

LINE 43: ADULTS - Patients aged 20 years and older

Column 1: Enter the number of Tobacco Cessation/Education encounters with adult patients by "Physician Providers."

Column 2: Enter the number of Tobacco Cessation/Education encounters with adult patients by "Mid-Level Providers."

Column 3: Enter the number of Tobacco Cessation/Education encounters with adult patients by "Other Providers."

LINE 44: ADOLESCENTS - Patients aged 13 through 19

- Column 1:** Enter the number of Tobacco Cessation/Education encounters with adolescent patients by "Physician Providers."
- Column 2:** Enter the number of Tobacco Cessation/Education encounters with adolescent patients by "Mid-Level Providers."
- Column 3:** Enter the number of Tobacco Cessation/Education encounters with adolescent patients by "Other Providers."

LINE 45: PEDIATRICS - Patients through age 12

- Column 1:** Enter the number of Tobacco Cessation/Education encounters with pediatric patients by "Physician Providers."
- Column 2:** Enter the number of Tobacco Cessation/Education encounters with pediatric patients by "Mid-Level Providers."
- Column 3:** Enter the number of Tobacco Cessation/Education encounters with pediatric patients by "Other Providers."

- P. DENTAL SERVICES:** Dental providers refer to dental service personnel. Examples include: Dentist, Oral Surgeon, Dental Hygienist, Periodontist, etc.

LINE 46: ADULTS

- Column 4:** Enter the number of Dental encounters for patients 20 years of age and older.

LINE 47: ADOLESCENTS

- Column 4:** Enter the number of Dental encounters for patients aged 13 - 19.

LINE 48: PEDIATRICS

- Column 4:** Enter the number of Dental encounters for patients aged 0 - 12.

- Q. REHABILITATION SERVICES:** Including Occupational Therapy, Physical Therapy, and Speech Therapy Visits.

LINE 49: ADULTS - Patients aged 20 years and older

- Column 1:** Enter the number of Rehabilitation Service encounters with adult patients by "Physician Providers."
- Column 2:** Enter the number of Rehabilitation Service encounters with adult patients by "Mid-Level Providers."
- Column 3:** Enter the number of Rehabilitation Service encounters with adult patients by "Other Providers."

LINE 50: ADOLESCENTS - Patients aged 13 through 19

- Column 1:** Enter the number of Rehabilitation Service encounters with adolescent patients by "Physician Providers."
- Column 2:** Enter the number of Rehabilitation Service encounters with adolescent patients by "Mid-Level Providers."
- Column 3:** Enter the number of Rehabilitation Service encounters with adolescent patients by "Other Providers."

LINE 51: PEDIATRICS - Patients through age 12

- Column 1:** Enter the number of Rehabilitation Service encounters with pediatric patients by "Physician Providers."
- Column 2:** Enter the number of Rehabilitation Service encounters with pediatric patients by "Mid-Level Providers."
- Column 3:** Enter the number of Rehabilitation Service encounters with pediatric patients by "Other Providers."

R. MENTAL HEALTH SERVICES: Services of a Psychological, Sociopsychologic, or Crisis-intervention Nature.

LINE 52: ADULTS - Patients aged 20 years and older

- Column 1:** Enter the number of Mental Health Service encounters with adult patients by "Physician Providers."
- Column 2:** Enter the number of Mental Health Service encounters with adult patients by "Mid-Level Providers."

Column 3: Enter the number of Mental Health Service encounters with adult patients by "Other Providers."

LINE 53: ADOLESCENTS - Patients aged 13 through 19

Column 1: Enter the number of Mental Health Service encounters with adolescent patients by "Physician Providers."

Column 2: Enter the number of Mental Health Service encounters with adolescent patients by "Mid-Level Providers."

Column 3: Enter the number of Mental Health Service encounters with adolescent patients by "Other Providers."

LINE 54: PEDIATRICS - Patients through age 12

Column 1: Enter the number of Mental Health Service encounters with pediatric patients by "Physician Providers."

Column 2: Enter the number of Mental Health Service encounters with pediatric patients by "Mid-Level Providers."

Column 3: Enter the number of Mental Health Service encounters with pediatric patients by "Other Providers."

S. OTHER HEALTH SERVICES: Any service not listed on Lines 1 through 54.

LINE 55: ADULTS - Patients aged 20 years and older

Column 1: Enter the number of Other Health Service encounters with adult patients by "Physician Providers."

Column 2: Enter the number of Other Health Service encounters with adult patients by "Mid-Level Providers."

Column 3: Enter the number of Other Health Service encounters with adult patients by "Other Providers."

LINE 56: ADOLESCENTS - Patients aged 13 through 19

- Column 1:** Enter the number of Other Health Service encounters with adolescent patients by "Physician Providers."
- Column 2:** Enter the number of Other Health Service encounters with adolescent patients by "Mid-Level Providers."
- Column 3:** Enter the number of Other Health Service encounters with adolescent patients by "Other Providers."

LINE 57: PEDIATRICS - Patients through age 12

- Column 1:** Enter the number of Other Health Service encounters with pediatric patients by "Physician Providers."
- Column 2:** Enter the number of Other Health Service encounters with pediatric patients by "Mid-Level Providers."
- Column 3:** Enter the number of Other Health Service encounters with pediatric patients by "Other Providers."

LINE 58: TOTAL PAGE 6

- Column 1:** Enter the sum of Page 6, Lines 43 through 57, Column 1 only.
- Column 2:** Enter the sum of Page 6, Lines 43 through 57, Column 2 only.
- Column 3:** Enter the sum of Page 6, Lines 43 through 57, Column 3 only.
- Column 4:** Enter the sum of Page 6, Lines 43 through 57, Column 4 only.

LINE 59: TOTAL PAGE 5

- Column 1:** Enter the sum of Page 5, Column 1 only.
- Column 2:** Enter the sum of Page 5, Column 2 only.
- Column 3:** Enter the sum of Page 5, Column 3 only.
- Column 4:** Enter the sum of Page 5, Column 4 only.

LINE 60: TOTAL PAGE 4

- Column 1:** Enter the sum of Page 4, Lines 1 through 21, Column 1 only.
- Column 2:** Enter the sum of Page 4, Lines 1 through 21, Column 2 only.

Column 3: Enter the sum of Page 4, Lines 1 through 21, Column 3 only.

Column 4: Enter the sum of Page 4, Lines 1 through 21, Column 4 only.

LINE 61: GRAND TOTAL PAGES 4, 5 and 6

Column 1: Enter the sum of Page 6, Lines 58 through 60, Column 1 only.

Column 2: Enter the sum of Page 6, Lines 58 through 60, Column 2 only.

Column 3: Enter the sum of Page 6, Lines 58 through 60, Column 3 only.

Column 4: Enter the sum of Page 6, Lines 58 through 60, Column 4 only.

Please Note: The sum of the encounters on Line 61, Columns 1 through 4 must equal the number of encounters on Page 2, Line 19, Column 2.

FINANCIAL & UTILIZATION DATA (CALENDAR YEAR ONLY)

NOTE: Please read the explanations at the bottom of Page 7 of the report.

This table is to report data from "Fee for Service" programs. Do not combine/duplicate monies, which are reported on this page with institutional support, which is reported on Page 8, Table G. Please refer to the technical bulletin on the web site for further explanation. If you still have questions please call us.

DO NOT WRITE IN THE SHADED AREAS.

DO NOT ENTER NEGATIVE NUMBERS in any columns.

TABLE E: FINANCIAL AND UTILIZATION DATA FOR CALENDAR YEAR

Column 1: NUMBER OF PATIENTS:

LINES 1-14:

Enter the number of patients for each payer source. Count each patient only once for each payer. This is a duplicated count of patients, that is if a patient had at least one encounter with two or more programs he/she would be counted as a patient in both programs.

LINE 15:

Enter the sum of Lines 1 through 14. Note: because this is a duplicate count the "total" on this cell can exceed the total on pg. 2, line 19, col. 1.

Column 2: NUMBER OF ENCOUNTERS:

LINES 1-14:

Enter the number of encounters for each payer. The definition of an encounter for this table is the same as the definition as used on Page 2, Line 19, Column 2 (however managed care encounters will not be reported on this table).

LINE 15: TOTAL:

Enter the sum of Lines 1 through 14. Note: because managed care encounters are not counted in this table the "total" on this cell can exceed the total on pg. 2, line 19, col. 2.

Column 3: CHARGES: 100% RATE

LINES 1-14:

Enter the charges for each payer. This is the full clinic rate without discounts or adjustments. Column 4, (Collections) plus Column 5, (write-offs) must add to the entries in Column 3.

LINE 15: TOTAL:

Enter the sum of Lines 1 through 14.

Column 4: REVENUES:

LINES 1-14:

Enter the total revenues, COLLECTED, from each payer. These entries should be based on the accrual method of accounting. See the technical bulletin for more detail on acceptable accounting methods

LINE 15: TOTAL:

Enter the sum of Lines 1 through 14. Transfer this number to Page 8, Line 10, Column 3, as **NET PATIENT REVENUE**.

Column 5: WRITE-OFFS/ADJUSTMENTS:

LINES 1-14:

Enter the amount of write-offs/adjustments taken during the reporting year. This includes sliding fee scale write-offs, free or complementary services and contractual adjustments.

LINE 15: TOTAL:

Enter the sum of Lines 1 through 14.

Columns 6, 7, and 8:

THESE COLUMNS ARE THE BREAKOUT OF THE WRITE OFFS/ADJUSTMENTS IN COLUMN 5.

Column 6: SLIDING FEE SCALE WRITE-OFFS

LINES 1-14:

Enter the amount of sliding fee write-offs for each payer. A sliding fee adjustment is the amount the full or 100% clinic charge is reduced based on the Income Poverty Guidelines and a patient's family income and size.

LINE 15: TOTAL:

Enter the sum of Lines 1 through 14.

Column 7: FREE/COMPLEMENTARY WRITE-OFFS

LINES 1-14:

Enter the amount of free or complimentary services provided during the reporting year. Free clinics cannot charge, their services are free/complementary.

LINE 15: TOTAL:

Enter the sum of Lines 1 through 14.

Column 8: CONTRACTUAL ADJUSTMENTS

LINES 1-14:

Enter the amount of contractual adjustments allowed during the reporting year. This is the difference between the clinics 100% or full rate and the amount the clinic has agreed to accept as payment in full.

LINE 15: TOTAL:

Enter the sum of lines 1 through 14.

Column 9: BAD DEBTS

LINE 11:

Enter the amount of bad debts during the reporting year. This includes nonpayment of co-payments.

LINE 15: TOTAL:

Enter the sum of Line 11.

PAGE 8

COMPUTATION OF OPERATING COSTS

TABLE F: ANNUAL OPERATING COSTS (Expenses)

The direct cost incurred in providing care to patients. Included in operating costs are: salaries and wages, employee benefits, supplies, professional fees, advertising costs, equipment purchase/maintenance, and overhead.

LINE 1: Enter the amount of salaries wages and benefits paid by the clinic.

LINE 2: Enter the amount of Office Supplies purchased by the clinic.

LINE 3: Enter the amount of Medical/Dental Supplies purchased by the clinic.

LINE 4: Enter the amount of Rent/Facility Depreciation or Mortgage Payments.

LINE 5: Enter the amount of Utilities paid by the clinic.

LINE 6: Enter the amount of all "other" operating expenses paid by the clinic. If your "other" operating expenses exceed 10% of total Operating Costs (Line 7), please specify to the major categories of spending to the right of the Table.

LINE 7: Enter the sum of Lines 1 through 6. (Transfer this number to Line 20, Column 3 below).

TABLE G: COMPUTATION OF NET OPERATING REVENUE

LINE 10, Column 3: NET PATIENT REVENUE:

Enter the number shown on Page 7, Line 15, Column 4.

A. INSTITUTIONAL SUPPORT OF PATIENT SERVICES: **Include** all revenue received by the clinic except fee-for service revenue shown on Page 7.

LINE 12: FEDERAL:

Column 1: CONTRACT:

Enter the amount of revenue received from federal contracts

Column 2: GRANT:

Enter the amount of revenue received through federal grants. The term as used for this report, means **GRANT-IN-AID**: The disbursement of funds to support an undertaking such as Program Development, Research, and General Education.

Column 3: TOTAL:

Enter the sum of Columns 1 and 2.

LINE 13: STATE:

Column 1: CONTRACT:

Enter the amount of revenue received from State contracts. Example: Rural Health, Farm Workers, and Indian Health Contracts through the Department of Health Services.

Column 2: GRANT:

Enter the revenue received through State grants. The term as used in this situation means **GRANT-IN-AID**.

Column 3: TOTAL:

Enter the sum of Columns 1 and 2.

LINE 14: COUNTY:

Column 1: CONTRACT:

Enter the amount of revenue received from County contracts.

Column 2: GRANT:

Enter the amount of revenue received from County grants.

Column 3: TOTAL:

Enter the sum of Columns 1 and 2.

LINE 15: LOCAL (CITY OR DISTRICT):

Column 1: CONTRACT:

Enter the amount of revenue received from local contracts.

Column 2: GRANT:

Enter the amount of revenue received from local grants.

Column 3: TOTAL:

Enter the sum of Columns 1 and 2.

LINE 16: PRIVATE/OTHER:

Column 1: CONTRACT:

Enter the amount of revenue received from private/other contracts.

Column 2: GRANT:

Enter the amount of revenue received from private/other grants.

Column 3: TOTAL:

Enter the sum of Columns 1 and 2.

LINE 17: HEALTH MAINTENANCE ORGANIZATIONS (HMO):

Columns 1 and 2: NO ENTRY

Column 3:

Enter the amount of revenue received from all managed care contracts would be recorded here. See the technical bulletin for more information.

LINE 18: DONATIONS/CONTRIBUTIONS:

Columns 1 and 2: NO ENTRY

Column 3:

Enter the amount of revenue received through contributions/donations (not capital related).

LINE 19: TOTAL OPERATING REVENUE:

Columns 1 and 2: NO ENTRY

Column 3:

Enter the sum of Line 10 and Lines 12-18, Column 3.

LINE 20: TOTAL OPERATING EXPENSES:

Columns 1 and 2: NO ENTRY

Column 3:

Enter the amount reported as Total Operating Costs on Line 7, Table F.

LINE 21: NET FROM OPERATIONS:

Columns 1 and 2: NO ENTRY

Column 3: Subtract Line 20 from Line 19 and enter the difference.

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TABLE H: OTHER COMMUNITY SERVICES PROVIDED

LINES 1-14:

Enter the number of contacts for each of the categories listed. Contacts are not encounters, they are face to face meetings between clinic staff and patients and other people that the clinic served or reached in some manner.

TABLE I: LANGUAGES SPOKEN BY CLINIC STAFF (OTHER THAN ENGLISH)

LINE 15:

Enter the number 1 if the clinic staff includes Bilingual or Multilingual personnel. If you answered 1 (Yes), you must complete the table below.

LINES 16-30:

Enter the number 1 (Yes) for each language spoken by clinic staff. This includes both paid and voluntary staff.

LINE 31:

"Other". Enter the number 1 (yes) if other languages are spoken by clinic staff.

PATIENT PROFILE

LINE 41: Enter the percentage of your patient population that does **NOT** speak English. **DO NOT USE DECIMALS!**

LINE 42: Enter the number from Table I, which indicates the primary language spoken by your patient population.

TABLE J. ADDITIONAL SERVICE INFORMATION

- LINE 3: REPORTABLE COMMUNICABLE DISEASES:** Enter the number of reportable communicable diseases for the calendar year. Use the number reported to the County Health Department. Please see Attachment B for a complete list of reportable communicable diseases as defined by Title 17, Section 2500.
- LINE 4: IMMUNIZATIONS:** Enter the number of immunizations given both on and off site during the calendar year.
- LINE 5: CHDP ASSESSMENTS:** Enter the number of Child Health and Disability Prevention Program assessments performed by your clinic during the calendar year. CHDP ASSESSMENTS are examinations or screenings for the purpose of detecting or preventing disease and disabilities in children and youth. These assessments are performed at the responding clinic (on site). Not all assessments will result in a treatment. If you reported CHDP encounters on Page 7, Line 4, then you must report CHDP assessments.
- LINE 6:** Enter the number of CHDTP Medical Treatments performed by the clinic. Treatment refers to Medical services done at the responding clinic as the result of an assessment.
- LINE 7:** Enter the number of CHDTP Medical Referrals-Out to other clinics or providers.
- LINE 8:** Enter the number of CHDTP Medical Referrals-In performed by the clinic. Treatments performed because of an assessment done at another facility not directly affiliated with the responding clinic. Example: A county clinic or private physician performed the assessment but referred the treatment to the responding clinic.
- LINE 9:** Enter the number of CHDTP Dental Treatments performed by the clinic.
- LINE 10:** Enter the number of CHDTP Dental Referrals-Out to other providers.
- LINE 11:** Enter the number of CHDTP Dental Referrals-In performed by the clinic.
- LINE 12:** Enter the number of CHDTP Other Treatments performed by the clinic. "OTHER" refers to non-medical and non-dental.
- LINE 13:** Enter the number of CHDTP Other Referrals-Out to other providers.
- LINE 14:** Enter the number of CHDTP Other Referrals-In performed by the clinic.

TABLE K: PATIENTS BY RACE/ETHNICITY

LINES 15 through 22: Enter the number of patients in each race/ethnic category seen by the clinic during the calendar year.

LINE 23: Enter the sum of Lines 15 through 22. *Please note that this should equal Page 2, Line 19, Column 1.*

TABLE L: AGE CATEGORIES BY GENDER

Use the patient's age as of June 30th of the reporting period.

Number of Male Patients:

LINES 24 through 31:

Column 1: Enter the number of male patients in each age category seen by the clinic during the calendar year.

LINE 32:

Column 1: Enter the sum of Column 1, Lines 24 through 31. Please note that the sum of Line 32, Column 1 + Column 2 must equal Page 2, Line 19, Column 1.

Number of Female Patients:

LINES 24 through 31:

Column 2: Enter the number of female patients in each age category seen by the clinic during the calendar year.

LINE 32:

Column 2: Enter the sum Column 2, Lines 24 through 31. Please note that the sum of Line 32, Column 1 + Column 2 must equal Page 2, Line 19, Column 1.

TABLE M. POVERTY LEVEL OF UNDUPLICATED PATIENTS

Poverty level refers to: The annual income level for a family of a given size in the most recent Department of Health and Human Services Income Poverty Guidelines (Federal). *(See Attachment C for further help)*

LINE 34: Enter the number of patients with an annual income less than 100% of the poverty level.

LINE 35: Enter the number of patients with an annual income equal to 100-200% of the poverty level.

LINE 36: Enter the number of patients with an annual income greater than 200% of the poverty level.

LINE 37: Enter the sum of Lines 34 through 36. Please note that this must equal Page 2, Line 19, Column 1.

PROVIDERS**A. MEDICAL SERVICES PROVIDERS:****PHYSICIAN**

General Practitioner
 Internist
 Obstetrician/Gynecologist
 Allergist
 Dermatologist
 Surgeon
 Ophthalmologist

Family Practitioner
 Pediatrician
 Psychiatrist
 Cardiologist
 Orthopedist
 Urologist
 Other specialists and subspecialists

NURSES: *

Clinical Nurse Specialist
 Public Health Nurse
 Home Health Nurse
 Visiting Nurse

Registered Nurse
 Licensed Practical Nurse
 Licensed Vocational Nurse
 Psychiatric Nurse

MID-LEVEL PRACTITIONERS: *

Certified Nurse-Midwife
 Nurse Practitioner

Physician Assistant

B. DENTAL PROVIDERS:**DENTIST**

General Practitioner
 Oral Surgeons
 Periodontist

Pedodontist
 Dental Hygienist
 Oral Therapist

C. OTHER PROVIDERS:

Psychologist
 Psychiatric Social Worker
 Licensed Clinical Social Worker
 Audiologist
 Occupational Therapist

Podiatrist
 Physical Therapist
 Nutritionist/Dietician
 Optometrist
 Speech Therapist
 Chiropractor

ATTACHMENT B

- * Mid-level Practitioners and Nurses are considered providers ONLY when they act independently in the provisions of health care.

REPORTABLE COMMUNICABLE DISEASES
Per Title 17, California Code of Regulations,
Section 2500 and Reported to the Local Health Authority

1. Communicable Diseases

Acquired Immune Deficiency Syndrome (AIDS)	Lymphogranuloma Venereum
Amebiasis	Malaria
Anthrax	Measles (Rubeola)
Botulism (Infant, Foodborne, Wound)	Meningitis, Viral, Bacterial, Fungal, Parasitic (Specify Etiology)
Brucellosis	Meningococcal Infections
Campylobacteriosis	Mumps
Cancroid	Non- Gonococcal Urethritis (Excluding Laboratory Confirmed Chlamydial Infections)
Chlamydial Infections (C. trachomatis)	Pelvic Inflammatory Disease (PID)
Cholera	Pertussis (Whooping Cough)
Conjunctivitis, Acute Infectious of the newborn (Specify Etiology)	Plague
Cryptosporidiosis	Poliomyelitis, Paralytic
Cysticercosis	Psittacosis
Dengue	Q Fever, Animal Infections by ticks
Diarrhea of the Newborn, Outbreaks	Rabies, Human and Animal
Diphtheria	Relapsing Fever
Encephalitis: Viral, Bacterial, Fungal, Parasitic (Specify Etiology)	Reye Syndrome
Foodborne illness (Food Poisoning)	Rheumatic Fever, Acute
Giardiasis	Rocky Mountain Spotted Fever
Gonococcal Infections	Rubella (German Measles)
Granuloma Inguinale	Salmonellosis (Other than Typhoid Fever)
Hemophilus influenzae, Invasive Disease	Shigellosis Infection/diarrhea
Hepatitis A	Streptococcal Infections (Outbreaks and Cases in Food Handlers and Dairy Workers Only)
Hepatitis B Cases and Carriers (Specify)	Syphilis
Hepatitis Delta (D)	Tetanus
Hepatitis Non-A, Non-B	Toxic Shock Syndrome
Hepatitis Unspecified	Trichinosis
Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome)	Tuberculosis
Legionellosis	Tularemia
Leprosy (Hansen's Disease)	Typhoid Fever, Cases and Carriers
Leptospirosis	Typhus Fever
Listeriosis	Yellow Fever
Lyme Disease	

2. Non-Communicable Diseases & Conditions

Alzheimer's Disease and Related Conditions Disorders
 Characterized by Lapses of Consciousness

POVERTY LEVEL GUIDELINES

Number in Family	Below 100%	100-200%	Over 200%
1	<\$ 8,240	\$ 8,240 - \$16,480	>\$16,480
2	<\$11,060	\$11,060 - \$22,120	>\$22,120
3	<\$13,880	\$13,880 - \$27,760	>\$27,760
4	<\$16,700	\$16,700 - \$33,400	>\$33,400
5	<\$19,520	\$19,520 - \$39,040	>\$39,040
6	<\$22,340	\$22,340 - \$44,680	>\$44,680
7	<\$25,160	\$25,160 - \$50,320	>\$50,320
8	<\$27,980	\$27,980 - \$55,960	>\$55,960
9	<\$30,800	\$30,800 - \$61,600	>\$61,600
10	<\$33,620	\$33,620 - \$67,240	>\$67,240

For family units with more than 10 members, add \$2,820 for each additional member.

(These Poverty Income Guidelines were published in the Federal Register on March 18, 1999.)

GLOSSARY

AGRICULTURE:

Farming in all of its branches, including cultivation and tillage of the soil: the production, cultivation, growing and harvesting of any commodity grown on, in, or as an adjunct to or part of a commodity grown in, or on, the land; the production of dairy products, the raising of livestock, bees, furbearing animals, or poultry; and any practice performed by a farmer or on a farm as an incident to or in conjunction with such farming operations, including preparation for market, delivery to storage or to carriers for transportation to market.

BIRTHING SERVICES:

Labor and delivery services for pregnant women.

COMMUNITY EDUCATION:

Services of an educational or counseling nature carried out by licensed or non-licensed staff. i.e., family planning education, nutrition, parenting, or hypertension.

COUNTY MEDICAL SERVICES PROGRAM (CMSP):

A county indigent program where the county population is 300,000 persons or less.

CO-PAYMENT:

The part of the reimbursement the individual patient is responsible to pay after a third party payer has made payment.

DEPENDENTS (FAMILY MEMBERS):

A dependent is any person living in your household, as a relative or non-relative, whose gross income is less than \$2,500/annually. Over one half of the dependent's total support must be provided by the head of household.

DIAGNOSTIC EQUIPMENT:

Equipment that helps the physician identify and determine the cause of an illness, i.e., X-ray equipment, CAT scanners, PET scanners, etc.

ENCOUNTER(s):

An encounter is recorded when a licensed medical provider (medical, mid-level medical, dental, mental health) using independent judgement, examines or treats a patient, and records the findings in the patient's chart.

The types of encounters permitted would be

- ◆ Medical (see note below),
- ◆ Nutritional
- ◆ Health Education
- ◆ Mental health,
- ◆ Dental,

Multiple encounters on the same day are possible but they require multiple providers, a separate diagnosis or treatment plan by each provider, the plan must be prepared by a practitioner using independent judgement and the visit must be fully charted. One provider cannot provide a medical, health educational and nutritional encounter even if the doctor saw a diabetic, adjusted his medications, warned him about eating patterns and provided him with a new diet plan to keep him more stable. Similarly when the doctor asks the nurse to do the health education portion of the encounter the clinic does not report a medical and a health education encounter. However, if the doctor orders services from a health educator, who then sits down and does a full (separately charted) health education visit that would be considered a second encounter. If the health educator subsequently refers the patient to a nutritionist who does yet another separately charted face to face nutrition assessment, this would be counted as a third encounter (medical with the doctor, health education with the health educator and nutritional with the nutritionist).

*Note: Only one **type** of encounter would be allowed per patient visit to the clinic (i.e. one medical encounter per patient visit) If the patient sees both a mid-level medical practitioner and the physician on the same visit the encounter would be recorded under the practitioner that did the majority of work on that day. Even if the patient came back a second time in the same day only one encounter would be reported unless the second visit was for a problem unrelated to the initial encounter.*

EXPANDED ACCESS TO PRIMARY CARE (EAPC):

A program which provides reimbursement to primary care clinics for the delivery of expanded outpatient medical services including preventive health care, smoking prevention/cessation health education, and case management services to program beneficiaries.

FARM WORKER AND DEPENDENT (s):

See Seasonal Agricultural and Migratory Workers.

FEDERAL 95-210 Clinic:

A Federally funded, fixed-rate, rural program. Only those clinics in this program need to respond to this line.

FEDERALLY QUALIFIED HEALTH CENTER (FQHC):

A federally and State-funded primary care clinic that has been accepted for global rate reimbursement by Medicare/Medi-Cal.

FTE:

The understanding contained in the employment agreement shall be the determining factor when reporting FTE practitioner in the annual utilization report. If the understanding is that the practitioner is being hired as “full time” then the clinic should report that practitioner as 1.00 FTE (use two decimal places on the form). This same logic would also apply if the understanding contained in the employment agreement **specified** part time employment (i.e. if the understanding was the practitioner was a “half time employee”, then he/she would be reported as 0.5 0 FTE).

Note that this definition does not make any distinction between duties the physician actually performs. Time spent on tasks associated with patient care is included in the FTE definition as well as the time spent actually seeing patients. Such functions as making rounds, charting, arranging hospital admission, supervising mid-level practitioners or nurses or residents, participating in quality assurance, peer review or utilization, etc. would all be considered as part of the FTE. The reported FTE is based on the understanding of the physician's total work effort contained in the employment agreement. **No time is "carved out" or excluded.**

FQHC:

See Federally Qualified Health Center

MEDICALLY INDIGENT ADULT SERVICES PROGRAM (MISP):

A county indigent program where the county population is greater than 300,000 persons.

OFF-SITE ENCOUNTERS:

Locations that are used by the responding clinic's providers. This includes encounters that take place in a patient's home (home visits), hospitals, migrant camps, etc.

ON-SITE ENCOUNTERS:

Refers to locations that are part of the responding clinic; typically refers to the responding clinic's service site, and includes satellites or mobile vans.

OUTREACH:

Clinic staff going into the community to inform prospective patients of the availability of the clinic services and assisting patients in obtaining these services.

PATIENT(S):

A person who receives health care services from a licensed or certified provider during the calendar year.

PROVIDER:

A LICENSED or CERTIFIED individual who assumes primary responsibility for assessing the patient and exercises independent judgement as to services rendered during the encounter. See attachment "A" for a listing of Medical Providers, Dental Providers, and Other Providers.

SEASONAL AGRICULTURAL AND MIGRATORY WORKERS:

MIGRANT WORKER (includes dependents):

An individual whose principal employment is in agriculture on a seasonal basis as opposed to year-round employment and who, for purposes of employment, DOES establish a temporary place of residence. Migrant workers live in a work area temporarily. Such employment must have been within the last twenty-four months.

SEASONAL AGRICULTURAL WORKERS (FARMWORKERS) (includes dependents):

An individual whose principal employment is in agriculture, on a seasonal basis, as opposed to year-round employment; and who, for purposes of employment, DOES NOT establish a temporary place of residence. Seasonal workers commute to work in the area of their permanent address. Such employment must have been within the last twenty-four months

SOCIAL SERVICES:

Assessment, referral and follow-up services to assist patients with their health and social needs. They are usually provided on an ongoing basis. May include childcare, translation, legal assistance, housing, etc.

STATE LEGALIZATION IMPACT ASSISTANCE PROGRAM (SLIAG):

A program that provides funding for public assistance, public health, and educational services for newly legalized residents.

THERAPEUTIC EQUIPMENT:

Equipment that helps the provider treat and heal a patient, e.g. Lithotriptors, Linear accelerators, or Cardiac Catheterization equipment. In the context of this section, this may refer to equipment that must be anchored due to safety issues.

VOLUNTEERS:

Un-compensated staff or helpers.